

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16122

MAY 19 1942

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4399

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME John Goimer

3. (b) If veteran, name war Spanish American 3. (c) Social Security

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Geimer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Unknown About 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months Unknown Days Unknown If less than one day
About 69 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Martin Goimer

12. Birthplace Germany
(City, town, or county) (State or foreign country)

13. Maiden name Catherine

14. Birthplace Germany
(City, town, or county) (State or foreign country)

(a) Informant Anna Geimer
Address 1724 S. 9th St.

(b) Date thereof 5/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

(d) Signature of funeral director Wm. E. Maxwell

(e) Address 1926 Allen Ave.

19. (a) MAY 11 1943 (b) J. F. Bullock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1724 S. 9th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1943 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular hypoplasia
pneumonia, dehydrated
following injury received when
he was struck by an automobile
driven by one Ray Denison in
front of 1618 St. Louis about
7:00 PM Dec 29 1942

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/10

Of autopsy 1/1

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence Dec 29 1942
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature Dr. J. F. Bullock (M. D. or other)
Address 1926 Allen Ave. Date signed 5/11/43

MOTHER FATHER
can be all
not 9-11-42
1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed John L. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4399

On this 7th day of June, 1943, before me appears

Anna Geimer, who, upon her oath, states that the original record of ~~her~~ death
for her husband died May 10th, 1943 in the State of
Missouri, and which was filed at St. Louis, Mo. on May 11th, 1943, should be corrected as follows:

Item No. 3 should read Joseph Geimer

Instead of John Geimer

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna Geimer

Relationship.

1724 South Ninth Str.

Present Address.

Subscribed and sworn to before me this 7 day of June, 1943.

My Commission expires 9/22/46 George Suboda Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4399

On this 24 day of August, 1943, before me appears.....

Anna Geimer, who, upon her oath, states that the original record of ~~her~~ death
for John Geimer died May 10th, 1943, in the State of
Missouri, and which was filed at St. Louis, Mo. on May 11, 1943, should be corrected as follows:

Item No. 3a should read Joseph John Geimer

Instead of John Geimer

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna P Geimer Widow
Relationship.

1724 1/2 S. 9th St St Louis, Mo.
Present Address.

Subscribed and sworn to before me this 24 day of August, 1943.

My Commission expires Feb. 11, 1946 Robert S. O'Brien Notary Public.